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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em;">9/536620</div>	FILING DATE <div style="font-size: 1.2em;">3-28-60</div>					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		3					54						
5		3					55						
6		3					56						
7		3					57						
8		3					58						
9		3					59						
10		1					60						
11		1					61						
12	1						62						
13		1					63						
14		1					64						
15		1					65						
16		4					66						
17		4					67						
18		4					68						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2						TOTAL IND.						
TOTAL DEP.	46						TOTAL DEP.						
TOTAL CLAIMS	48						TOTAL CLAIMS						

PTO-1360 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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